

YEARLY ENTITLEMENT (12 month period)				CURRENT USAGE			
Begin Date: (mm/dd/yy)		End Date: (mm/dd/yy)		Begin Date: (mm/dd/yy)		End Date: (mm/dd/yy)	
Previous Usage During Current Yearly Entitlement?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<u>TYPE OF LEAVE TO BE USED:</u>				YES	NO		
CHECK ONE:	<input type="checkbox"/>	FMLA SELF (LBFM)					
		Is leave Worker's Comp related also? (LDFM)		<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	FMLA FAMILY (LAFM)					
		Is Spouse also employed by the State?		<input type="checkbox"/>	<input type="checkbox"/>		
		If so, will quota be shared with spouse?		<input type="checkbox"/>	<input type="checkbox"/>		
CHECK ONE:	<input type="checkbox"/>	Leave is CONTINUOUS					
	<input type="checkbox"/>	Leave is INTERMITTENT or REDUCED LEAVE SCHEDULE					

HOW DOES LEAVE MEET QUALIFICATIONS FOR FMLA? (Check all that apply)

☐ Birth (includes pre-natal care) or placement of child for adoption/foster care

☐ Serious Health Condition of Employee or Employee's Spouse/Child/Parent:

☐ Inpatient Care (overnight stay) in a hospital, hospice, or residential medical care facility.

☐ Incapacity of more than 3 consecutive, full calendar days and treatment 2 or more times by a health care provider; the 2 visits must occur w/in 30 days of incapacity with the first visit w/in 7 days of incapacity.

☐ Incapacity of more than 3 consecutive, full calendar days and treatment on at least 1 occasion by a health care provider w/in 7 days of incapacity, which results in a regimen of continuing treatment (example: prescription medication or therapy).

☐ Chronic Condition (asthma, diabetes, epilepsy, etc.) requiring at least 2 visits per year for treatment by a health care provider

☐ Permanent/Long-term Condition (Alzheimer's, a severe stroke or terminal stages of a disease, etc.).

☐ Multiple Treatments (chemotherapy or radiation, physical therapy, dialysis, etc.)

☐ OTHER (explain): _____

☐ Qualifying exigency leave (related to family member's active military duty/ impending call to active duty status in National Guard or Reserves

☐ Military Caregiver Leave (related to next of kin's injury/illness sustained in line of duty; 26 weeks)

NOTE: Submit to HR along with applicable certification upon receipt.